

Application Data Sheet**Application Information**

Application number:: 09/724,953
Filing Date:: 11/28/00
Application Type:: Regular
Subject Matter:: Utility
Sequence Submission:: Yes
Computer Readable Form (CRF):: Yes
Number of copies of CRF:: 1
Title:: PREVENTION AND TREATMENT OF
AMYLOIDOGENIC DISEASE
Attomey Docket Number:: 15270J-005913US

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application 09/585,817	Continuation of nonprovisional of	09/585,817 60/134,010	06/01/00 06/04/99
<u>09/585,817</u>	<u>An application claiming the benefit under 35 USC 119(e)</u>	<u>60/134,010</u>	<u>06/01/99</u>
<u>This Application</u> <u>09/585,817</u> <u>09/580,015</u> <u>09/322,289</u> <u>09/201,430</u>	<u>Continuation</u> <u>Continuation-in-part of</u> <u>Continuation-in-part of</u> <u>Continuation-in-part of</u> <u>An application claiming the benefit under 35 USC</u>	<u>09/585,817</u> <u>09/580,015</u> <u>09/322,289</u> <u>09/201,430</u> <u>60/080,970</u>	<u>06/01/00</u> <u>05/26/00</u> <u>05/28/99</u> <u>11/30/98</u> <u>04/07/98</u>

119(e)09/201,430An application claiming
the benefit under 35 USC
119(e)60/067,74012/02/97**Assignee Information**

Assignee Name:: Neuralab Limited
Street of mailing address:: 102 St. James Court
City of mailing address:: Flatts, Smiths
State or Province of mailing address::
Country of mailing address:: Bermuda
Postal or Zip Code of mailing address:: FL 04